

The following table provides the crude and adjusted numbers of infant deaths, with rates for 1934 and 1935:

*Adjusted Infant Mortality Rates, 1934 and 1935
By California Counties and Cities*

	1934		1935	
	Crude No. Rate	Adjusted No. Rate	Crude No. Rate	Adjusted No. Rate
California	4047 51.6	4026 51.5	3973 49.5	3958 49.5
Alameda	13 48.3	23 63.2	14 50.4	21 53.8
Oakland	164 40.5	136 41.2	171 41.7	131 38.9
Alameda	5 15.0	12 38.1	2 7.3	9 27.4
Berkeley	22 35.2	20 22.4	23 31.8	36 41.0
San Leandro	2 21.0	10 54.6	4 44.9	9 47.1
Albany	3 20.2	1 7.8	11 51.6	5 33.5
Hayward	6 73.2	9 65.7	5 52.1	15 92.2
Piedmont .....	.....	1 14.9	.....	.....
Alpine .....	.....	.....	.....	.....
Amador	2 52.6	4 56.3	2 26.0	5 41.7
Butte	20 56.3	21 54.5	19 54.6	19 50.3
Chico	7 30.5	6 34.1	13 50.4	13 71.0
Calaveras	1 12.5	1 10.9	.....	.....
Colusa	11 64.0	11 60.8	10 61.0	10 58.1
Contra Costa	17 51.6	25 40.3	16 48.0	28 43.9
Richmond	9 32.5	9 32.6	14 52.2	13 42.5
Martinez	11 47.2	6 53.1	17 62.0	4 33.6
Pittsburg	5 35.2	9 51.7	5 36.8	11 57.0
Del Norte	4 63.5	4 70.2	2 27.4	1 14.5
El Dorado	2 16.8	3 21.1	3 28.3	5 39.1
Fresno	163 98.7	139 101.4	98 54.2	87 60.2
Fresno	30 51.3	49 54.9	32 46.6	42 41.2
Glenn	9 67.6	10 61.7	8 52.6	10 52.3
Humboldt	9 35.4	19 47.4	13 50.6	19 47.3
Eureka	16 45.7	8 40.2	18 47.6	15 64.4
Imperial	111 152.0	101 134.5	65 103.8	56 85.0
Brawley	67 186.1	72 209.3	59 150.9	62 161.0
Calxico	16 75.8	18 116.9	12 72.7	13 78.2
El Centro	12 74.5	19 107.3	6 35.9	14 78.2
Inyo	1 14.1	1 13.9	7 106.1	7 93.3
Kern	90 84.6	82 76.2	109 101.1	90 80.4
Bakersfield	19 36.2	23 43.4	31 54.7	50 89.3
Kings	35 129.1	34 116.0	26 89.6	29 85.3
Hanford	9 45.2	11 55.3	20 86.9	17 88.1
Lake	4 54.0	4 49.4	2 24.4	5 52.1
Lassen	17 73.3	17 72.3	13 56.3	14 59.6
Los Angeles	164 36.0	229 53.6	147 31.4	232 49.4
L. A. City	910 52.6	777 45.4	880 52.1	683 40.9
Alhambra	9 41.6	14 35.3	7 31.5	11 30.2
Long Beach	64 30.9	59 32.0	83 38.0	78 39.1
Pasadena	22 32.7	23 26.5	12 17.6	15 19.1
Pomona	11 33.9	10 37.7	16 49.4	20 63.3
Santa Monica	26 36.8	33 73.2	22 28.6	34 71.3
Glendale	29 28.7	36 51.1	23 23.3	32 46.5
Monrovia	2 24.1	3 26.1	2 23.8	6 45.8
Redondo Beach	1 21.7	2 13.8	3 54.5	7 43.5
Whittier	13 42.5	13 54.6	18 60.0	25 123.8
So. Pasadena .....	.....	2 20.4	1 125.0	2 20.4
Arcadia	2 142.8	2 31.7	1 71.4	2 36.4
Bell	7 24.5	10 69.0	9 19.9	10 57.1
Beverly Hills	1 250.0	2 13.1	2 333.3	3 17.3
Burbank	4 26.6	7 25.4	7 40.0	9 35.7
Compton	15 73.1	17 62.5	9 41.9	11 44.3
Culver City	1 7.9	5 45.9	3 25.0	5 43.8
Hawthorne	2 18.2	4 34.2	7 51.1	8 63.0
Hunt'ton P'k	13 31.8	17 45.1	15 44.9	19 57.0
Inglewood	9 25.5	10 34.2	10 23.9	13 49.8
Lynwood	1 37.0	2 14.7	2 90.9	6 43.5
Maywood	1 28.5	4 29.0	1 14.3	2 15.3
Montebello	2 39.2	4 35.7	3 142.8	10 91.7
Monterey P'k	4 27.4	5 67.6	6 33.7	8 94.1
San Fernando	14 105.2	17 90.4	10 83.3	17 87.2
San Gabriel	6 120.0	8 46.0	1 23.8	7 42.7
South Gate	6 15.4	10 26.6	10 26.8	14 40.9
Torrance	3 13.3	6 35.9	2 8.2	8 47.0
Madera	22 75.3	24 79.2	29 105.4	30 100.3
Marin	56 50.0	11 38.5	1 7.6	6 21.0
San Rafael	4 26.3	3 40.0	6 41.9	5 48.5
Mariposa	1 21.3	1 14.3	2 60.6	2 29.8
Mendocino	19 66.6	20 67.3	11 35.2	13 40.5
Merced	39 78.9	33 65.0	34 69.8	32 67.2
Merced	10 70.4	18 135.3	7 36.8	11 52.9
Modoc	3 37.0	4 50.6	8 88.9	9 92.7
Mono .....	.....	.....	1 142.8	1 71.4
Monterey	39 81.7	40 90.7	35 61.8	25 54.7
Monterey	7 50.3	8 46.8	6 66.7	8 60.1
Pacific Grove	3 30.9	2 24.7	3 56.6	5 61.0
Salinas	6 33.7	9 39.3	7 35.3	13 45.8
Napa	11 72.8	10 77.5	4 34.2	3 29.1
Napa	9 75.0	9 78.9	4 32.8	5 44.6
Nevada	11 67.0	11 69.2	19 84.4	18 80.3
Orange	90 106.9	74 76.8	71 88.4	69 72.9
Santa Ana	12 32.9	26 62.3	28 66.5	33 70.2
Anaheim	14 115.7	20 102.6	5 39.4	8 39.0
Fullerton	4 24.4	3 22.7	4 23.4	5 37.9
Orange	14 47.3	10 70.4	17 47.1	14 86.9
Placer	11 49.3	11 45.8	12 59.7	13 56.0
Roseville	6 92.3	6 61.2	2 37.0	3 33.3
Plumas	6 60.0	6 57.7	2 21.5	2 19.8
Riverside	61 93.1	77 94.4	59 86.1	70 79.6
Riverside	42 68.2	30 57.7	33 42.8	23 42.7
Corona	13 74.3	13 74.3	7 42.7	8 38.5
Sacramento	9 40.0	32 50.1	9 42.6	26 38.6
Sacramento	78 42.5	48 39.8	101 52.2	74 57.3
San Benito	11 75.3	8 50.6	14 107.7	13 86.1
San Bernardino	42 52.7	48 55.9	43 47.2	46 42.2
Redlands	8 38.1	10 46.1	11 46.6	16 76.9
San Bern'dino	66 73.3	41 60.3	69 69.9	45 64.0
Ontario	5 42.3	12 55.8	9 53.1	17 68.8
Colton	13 76.9	16 80.0	10 61.3	20 98.0
San Diego	29 67.7	48 63.4	18 44.7	25 31.9
San Diego	120 46.9	101 43.3	111 38.7	95 38.4
Coronado	4 74.0	6 63.8	2 37.7	3 28.3
National City	16 44.3	13 77.8	11 49.5	6 34.1
San Francisco	237 33.1	214 32.6	251 35.2	217 33.4
San Joaquin	49 63.6	45 73.0	67 81.6	41 61.6
Stockton	29 53.9	38 55.9	34 55.3	54 74.4
Lodi	4 28.8	3 21.7	4 27.8	10 69.0
San Luis Obispo	3 16.6	9 31.2	10 51.8	22 75.3
S. L. Obispo	12 47.0	8 53.3	19 78.2	10 66.2
San Mateo	5 63.3	12 31.1	2 41.7	8 24.6
San Mateo	22 46.9	6 40.3	13 32.9	6 42.2
Burlingame .....	.....	3 21.6	1 333.0	5 35.7
Daly City	1 52.6	6 54.0	.....	5 47.2
Redwood City	1 23.2	7 51.1	1 24.4	3 23.1
So. San Fran.	2 38.4	6 77.9	1 17.5	1 12.2
Santa Barbara	37 122.5	29 75.5	16 45.4	29 77.7
S. Barbara	21 43.1	38 73.5	22 46.5	19 33.4
Santa Maria	23 80.1	12 71.4	21 73.9	7 42.2
Santa Clara	62 49.9	31 37.6	91 70.9	48 53.1
San Jose	10 19.0	30 35.4	15 29.0	48 66.6
Palo Alto	6 22.1	6 29.7	7 27.2	4 22.6
Santa Clara .....	.....	4 51.9	1 47.6	9 93.7
Santa Cruz	8 58.0	10 55.9	5 37.0	9 68.7
Santa Cruz	10 47.4	11 60.8	6 35.7	6 35.9
Watsonville	8 38.8	6 27.5	16 72.4	13 54.8
Shasta	9 39.3	8 32.9	14 55.1	15 56.0
Sierra .....	.....	.....	2 57.1	2 45.4
Siskiyou	18 52.3	17 49.7	18 52.8	19 56.0
Solano	7 40.0	6 28.7	10 52.3	8 37.4
Vallejo	9 40.3	9 35.8	11 49.5	15 57.9
Sonoma	25 70.4	24 52.7	19 55.9	19 43.9
Petaluma	8 56.3	5 61.7	3 20.8	2 22.0
Santa Rosa	4 21.5	9 54.5	7 35.2	8 47.9
Stanislaus	19 39.5	32 49.5	20 40.1	37 53.0
Modesto	38 78.3	22 78.8	31 55.6	15 50.3
Sutter	18 78.6	16 70.2	18 65.0	17 64.1
Tehama	11 51.4	8 41.0	7 31.2	8 36.7
Trinity	1 30.3	1 21.7	2 43.5	2 33.9
Tulare	72 67.8	74 72.4	83 74.0	80 71.4
Visalia	8 44.2	10 57.8	8 42.5	9 53.2
Porterville	7 56.0	8 56.3	10 68.5	11 79.1
Tulare	10 112.3	13 99.2	10 91.7	15 97.4
Tuolumne	6 57.7	6 56.1	8 75.5	8 73.4
Ventura	47 95.9	31 59.8	48 92.1	40 78.6
Oxnard	25 95.0	33 201.2	20 77.5	19 97.9
Santa Paula	9 66.6	12 67.0	5 39.1	11 59.8
S. Bue'vnt'ra	4 18.7	12 46.9	3 19.5	9 44.1
Yolo	10 70.9	10 44.0	10 62.5	15 59.3
Woodland	3 21.6	2 18.2	3 20.3	3 28.8
Yuba .....	.....	2 16.7	2 41.7	5 54.3
Marysville	11 70.9	11 90.2	11 84.6	10 91.7

**TWENTY-FIFTH ANNIVERSARY OF THE
CHILDREN'S BUREAU, UNITED STATES
DEPARTMENT OF LABOR***

A Quarter Century of Work for Children

By KATHARINE F. LENROOT

Last summer there came to my desk a letter that made me realize not only that the Children's Bureau had come of age some time before, but that those of the staff who, like myself, had been associated with it almost from the beginning, were truly of the "grandmother" class. The letter read in part as follows:

"I am writing you to see if I can get some booklets on Infant Care before and after birth.

I recently found an Infant Care book from which I was raised and which was published July, 1914, so that is where I am getting my information to write to you.

The incident led to rummaging in our own attic, the files of the Children's Bureau, for some of the letters that came to Julia C. Lathrop, the Bureau's first chief, in those earliest years. Here is one from a little girl named Kathryn, who wrote to "Uncle Sam" asking him please to "send me a baby brother whenever you have any in." In her thoughtful and characteristically human reply, Miss Lathrop wrote:

I wish we had a baby brother to send to such a good home as I am sure he would find in your parents' house,

* Reprinted from "The Child," March, 1937. This issue of the Monthly News Summary of the Children's Bureau presented a frontispiece photo-cut of Grace Abbott, Chief of the Children's Bureau, 1921-1934, giving the following excerpt from one of her addresses:

"If there is any subject endowed with national interest, it is the welfare of the nation's children. The nation's future existence, the intelligent use of its resources, the rôle it will play in world affairs, depend on its children—whether or not they are physically fit and whether or not they are trained in self-control, in respect for the rights of others, and in understanding of their own rights and obligations. That the first responsibility must rest with the nearest government—the State, the county, and the municipality—is the reason why the rôle that the Federal Government must play in the training of children is that of an intelligent and interested coöperator, ready to assist but not to control nor hamper."

but Uncle Sam does not trust us with real babies, but only tells us to try to learn all the ways to keep babies and their older brothers and sisters well and good and happy. This is hard, slow work, and sometimes I feel a little discouraged because it is so slow. Your letter cheers me up and I am glad you wrote, although I am obliged to send this disappointing answer.

When this letter was written, in 1914, as described in another article in this issue, there was no national birth-registration system in the United States. One of the first tasks to which Miss Lathrop set the Children's Bureau, in cooperation with the Bureau of the Census, the General Federation of Women's Clubs, and other agencies, was the development of the United States birth-registration area, which did not cover the entire country until 1933. In twenty-nine years, from 1915 to 1935, the infant mortality rate has been cut almost in half, although the loss of life in the first month of infancy has been reduced very much less, and now constitutes more than one-half the total loss of life in the first year. Very slow progress has been made in reducing the appallingly high death rate among mothers, which early gave Miss Lathrop grave concern. In 1916 she wrote as follows to a mother in Wyoming, who had described the deaths of two mothers and two babies in her own sparsely settled rural community within a year:

Your letter of October 19 came in my absence, and I have just read it with most urgent attention and sympathy. It is not the only letter of that kind which the Bureau has received—it makes very urgent the great question of protecting motherhood. The Bureau is trying to find a plan by which mothers living in remote places can secure the medical and nursing care to which they are certainly entitled. It is an old need, but a new practical question, and it will not be solved until many people can be made to see that a way to provide the required care is possible in every part of our country.

In 1917 Miss Lathrop set forth in her annual report a program for the protection of maternity and infancy, of which the principal features were as follows:

1. Public health nurses who shall be available for instruction and service as are the public school teachers and other public officers;
2. Instruction in schools and universities and through different forms of extension teaching covering the field of hygiene for mothers and children, furnished at such places and times as to meet the needs of persons of varying ages and circumstances;
3. Conference centers at county seats or elsewhere, affording convenient opportunity to secure examination of well children and expert advice as to their best development;
4. Adequate confinement care;
5. Hospital facilities made available and accessible for mothers and children.

From 1922 to 1929 under the Sheppard-Towner Maternity and Infancy Act progress was made in developing public-health nursing, prenatal and child-health conferences, and health-education services throughout the United States. With the termination of the act and consequent withdrawal of Federal aid, just at the onset of the depression, these services were greatly curtailed.

The passage of the Social Security Act, approved August 14, 1935, made possible a vigorous program to safeguard and promote the health of mothers and children through the cooperation of the Federal Government, the states, and the local communities. Summary of state plans submitted this year by the fifty-one states and territories cooperating with the Children's Bureau under the act shows great extension of resources for bringing mothers under early prenatal care, for child-health clinics and conferences, for immunization against communicable disease, and for public health nursing services in the home. In many areas opportunities for post-graduate instruction in obstetrics and pediatrics have been brought to doctors in their own communities.

Evidence is steadily accumulating that a direct and courageous attack must be made on the central problem of providing adequate medical and nursing care at time of delivery, with medical and nursing supervision continuing throughout the antenatal and postnatal periods. Such care would conserve the lives not only of the mothers but also of many thousands of the new-born, and those who die before birth. It can be provided only with the cooperation of Government, practicing physicians, nurses, professional schools, and the mothers and fathers themselves. The

American Committee on Maternal Welfare is cooperating with the Children's Bureau in considering the various steps which will be necessary if motherhood in America is to be given safeguards commensurate with the need and the possibilities of saving life and health.

Care of the mother and the new-born infant is of primary importance, but many and varied are the needs of youth in the period from infancy to maturity. The real basis of progress in safeguarding the health and general welfare of the Nation's children lies in a threefold program: Correction of existing conditions that stand in the way of the child's wholesome development; prevention of such conditions; and above all, general application of knowledge of those conditions that will enable children everywhere to be born, to grow, and to develop according to standards that will give them their fair chance in the world.

Changing conditions of national life, emergencies such as those that occur in periods of depression and widespread unemployment, new discoveries resulting from the advances of science, and the needs of special groups at different times may require emphasis to be placed on one or another of the varied factors contributing to child welfare. However, each factor must be weighed in relation to all the others, for the welfare of the child as a whole is like a fabric woven of many different threads.

Immediate responsibility for the welfare of children lies with their families and their home communities. If there is one fact more than any other that has emerged from all the studies of the Children's Bureau, it is that the primary essential of child welfare is the power to maintain a decent family living standard, and this is dependent upon many factors not within individual control. In other words, the problem of economic security is a vital part of the whole problem of child welfare. Measures tending to promote economic security, such as an adequate wage level, good housing at reasonable cost, unemployment compensation, prevention of accidents and sickness, and care of the incapacitated breadwinner and his family, are basic factors in the well-being of children. They should be accompanied, however, by measures for parental education in methods of child care, and organization of community services for child health, child protection, and the care of children who are dependent, neglected, delinquent, or handicapped in body or mind.

Elsewhere in this issue has been related the progress which has been made in a period of twenty-five years in dealing with problems of child labor, juvenile employment, and the development of community resources for children. In one special type of need—provision for the crippled child and the care of those conditions which may lead to crippling—a definite program of Federal and state cooperation is being carried on under the Social Security Act, with forty-five states and territories developing or extending services to crippled children under its provisions. This first experience in Federal aid to the states for medical care of children should provide a sound foundation of relationships and methods upon which to build services for other types of handicapped children as their need for Federal assistance may be disclosed.

In twenty-five years, in comparison with the problems to be solved and the needs to be met, the work of the Children's Bureau as a broadly conceived center of information and service in all phases of child life has just begun.

By its thirty-fifth birthday the Bureau should be able to report:

1. Reduction of the death rate per 1,000 live births in the first year of life from 56 to 35 or below; in the first month of life from 34 to 24; reduction of the stillbirth rate from 36 to 26 or below.
2. Reduction of the maternal mortality rate per 10,000 live births from 58 to 38 or below.
3. Practical elimination, through immunization, of smallpox and diphtheria, great reduction through more widespread use of measures now available or being developed in the number of deaths of children from whooping cough, measles, scarlet fever, and pneumonia; reduction in congenital syphilis through the syphilis program being stimulated by the United States Public Health Service; definite progress in control of epidemics of infantile paralysis, and in the prevention of crippling conditions resulting from this disease; prevention of and care for injuries to new-born infants.
4. Marked reduction in the number of undernourished children through improved economic conditions and widespread dissemination among the people of knowledge of

ways in which good nutrition may be assured at moderate cost.

5. Elimination of child labor under the age of 16 years and safeguards of employed youth 16 and 17 years of age in industrial and commercial occupations and other occupations where children and their parents are especially subject to commercialized exploitation, through direct Federal legislation, administered in cooperation with State agencies, made possible by completion of the ratification of the child labor amendment.

6. Widespread extension of educational and vocational guidance and junior placement service, built upon elementary and secondary school facilities and facilities for public recreation increasingly adequate to meet the needs of youth in a period of rapidly accelerated economic and social change.

7. Increased availability to rural as well as to urban children of public assistance when the economic ability of the normal breadwinner to provide for his family fails, and of case work, child guidance, recreational, and other community services for the early discovery and remedial treatment of conditions leading to child dependency, neglect, emotional instability, and delinquency.

8. Extension of services to crippled children, to include all physically handicapped children not otherwise able to obtain skilled medical, surgical, nursing, and social care, these programs being closely correlated with a sound program of education and guidance adapted to the needs of each child.

9. Development of comprehensive statewide and community programs for the care of the mentally deficient, including discovery, diagnosis, special class education, community supervision, and for those who need it, institutional or boarding home care.

10. Changed public attitude toward juvenile delinquency, based upon increasing awareness of the conditions leading to its development and the types of service in community, court, and training school which are essential if children thwarted and handicapped by untoward family and neighborhood conditions from their earliest years are to be given their fair chance in the world.

These are far-flung goals, but they are not beyond the knowledge and the resources which can be made available within the next ten years to those responsible for the health and welfare of American children. To achieve them, there must be assured the earnest cooperation of parents, schools, men's and women's civic organizations, public officials of localities and states, and the resources and leadership of the Federal Government.

As Grace Abbott has often said, what we would do for children this year cannot be postponed until next year, for children do not wait upon convenience. They live and thrive in proportion as we are understanding, loving, and resourceful in their service.

HOSPITAL INSURANCE*

Two months ago the San Francisco County Medical Society invited the Insurance Association of Approved Hospitals (Alameda Plan), to enter San Francisco for the purpose of selling hospital insurance. It has taken two months for the Hospital Conference to approve the Insurance Association of Approved Hospitals plan, but this was done on March 11, 1937, and by the time the "Bulletin" reaches you it is expected that many of the hospitals of San Francisco individually will have signed the contract.

The provisions of the plan as presented to prospective insurees are outlined below:

"In the event of sickness or disability through injury, expense results. Should hospitalization be necessary, a membership in this Association entitles you to the following service in one of the participating hospitals, while it in no way disturbs the relationship between your doctor and yourself. You make your own selection of physician or surgeon and pay him direct for his services.

Service covered by this membership includes:

Board and room—Ward accommodations. (Should a private room be desired, this may be obtained by paying the difference in rate directly to the hospital.)

General nursing care.

Operating-room service, including anesthesia if given by hospital employee.

* Reprinted from the "Bulletin" of the San Francisco County Medical Society.

Material appliances, such as splints, casts, etc. Dressings.

Physiotherapy treatments.

Drugs and medicines, with the exception of serums, vaccines, spirituous liquors and expensive proprietary drugs.

The Association will indemnify the patient to pay the pathologist for routine clinical laboratory services, *i. e.*, urinalysis, complete blood count, coagulation time, smears.

Indemnify the patient to pay the roentgenologist for the following services:

(a) In cases of accidental bodily injuries, all such services necessarily incident or required, exclusive of therapy, in the opinion of the attending physician, for the registered hospital bed patient.

(b) In cases of bodily illness or disease only when necessary to assist in diagnosis during hospitalization, and expressly excluding all therapy and any diagnostic services which could have been performed prior to admission to the hospital.

Membership covers hospitalization for twenty-one days for any one illness or accident during any twelve-month period.

If traveling, should you suffer an injury or sudden illness necessitating hospitalization, you will be provided with fourteen days' service in any accredited hospital in the United States or Canada.

Hospital service becomes effective:

1. For accidental injury—one day after application has been accepted.

2. For sickness or illness contracted or having its first signs or symptoms more than seven days after application has been accepted.

3. For illness or ailment requiring major or minor operation that is contracted or has its first signs or symptoms more than fifteen days after application has been accepted, except in the case of hernia, tonsillectomy or adenoidectomy which is twelve months after application has been accepted.

Services not provided in this contract are:

Tuberculosis, diagnosed cancer, venereal infection, mental disorders, occupational diseases or injuries covered by law, alcoholism, drug addiction, rest cure, intentional self-inflicted injuries (sane or insane), normal pregnancy, including cesarean section, abortions or services of special nurses.

Applicant must be in good health at time of application for membership and between eighteen and sixty-five years of age, but no medical examination is required. Hospitalization of any member must be upon the written order of a legally qualified doctor of medicine, whose credentials would be recognized by hospitals accredited by the American College of Surgeons.

Dues.—The rate per month shall be 90 cents per member, paid in advance; plus a registration fee of \$1, which must be paid at the time of filing application. Members will receive the same attention and courtesy in the hospital as if they were paying the bills personally.

Service covered by this contract is confined strictly to the care of registered hospital bed patients."

GERMAN MEASLES

Regulations of the California Department of Public Health for the Prevention of German Measles

At a recent meeting, the State Board of Public Health amended Rules 5 and 6 of the state regulations for the prevention and control of German measles. The complete regulations now read as follows:

Rule 1. Notification

Any person in attendance on a case of German measles, or a case suspected of being German measles, shall report the case immediately to the local health authority, who shall in turn report at least weekly, on the prescribed form, to the Director of the State Department of Public Health all cases so reported to him.

NOTE.—The report to the local health authority shall be in writing unless local rules permit notification by telephone.

When no physician is in attendance it shall be the duty of the head of the private house, or the proprietor or keeper